

To: All Dental Program Personnel

From: Field Advisory Committee of the National Oral Health Council (NOHC)

Subject: Award for Excellence in Dental Hygiene - Junior and Senior Category

Background

The service mission of the IHS Dental Program, in partnership with American Indian and Alaska Native people is to raise the oral health of American Indians and Alaska Natives to the highest possible level. To carry out the mission, the IHS dental hygienists provide preventive and curative oral health services. It is, therefore, appropriate that the dental program establish a process to recognize the efforts of their dental hygienists. The awards described below are intended to meet that requirement and are to be awarded yearly.

Eligibility

Any dental hygienist working in an IHS direct, urban or tribal facility is eligible for this award, whether they are employed full-time or part-time as a commissioned officer, civil servant, tribal employee or a contractor. **For the senior category, the nominee must have been a dental hygienist for at least 6 years and employed by the IHS for at least 5 years. For the junior category, the nominee must have been a dental hygienist for at least 3 years and employed by the IHS for at least 2 years.**

Nomination Process

Individuals may be self-nominated, nominated by other dental program staff, or nominated by his/her supervisor. Nominations must then be signed by the supervisor. Guidelines for nominations are attached for your convenience.

IHS DENTAL PROGRAM

AWARD FOR EXCELLENCE IN DENTAL HYGIENE

SENIOR CATEGORY

Senior dental hygienists in the IHS dental program perform a variety of roles such as clinician, educator/health promoter, program administrator/manager, and patient advocate. The Award for Excellence was created to recognize outstanding contributions and service in the field of Dental Hygiene. In order to formally recognize such healthcare providers, we request that you submit a brief nomination of the individual's contributions worthy of consideration for this award. Please limit your narrative nomination to no more than two pages. Applications that are more than the two pages will not be considered. To help in the nomination process the following categorical lists have provided examples but not limitations of possible areas of consideration for recognition.

1. Clinician: Provides treatment for prevention, intervention, and control of oral diseases.

Examples:

- clinical productivity indicators for the past fiscal year (e.g. service minutes)
- outcome of quality assurance reviews, if applicable
- clinical impact, demonstrated by a positive effect on overall access and/or quality of care
- clinical preventive program implementation and evaluation

2. Educator/Health Promoter. Examples:

- utilizes educational theory and methods to analyze health needs
- develops health promotion strategies then evaluates the results in attaining and maintaining health
- descriptions of education/promotional presentations to dental staff, other professional staff, and/or community members as well as any educational materials developed

3. Program Administrator/Manager. Examples:

- information on clinical and/or community program implementation and evaluation
- develops plans for prevention programs to meet needs of population
- establishes goals and objectives for meeting program needs
- implements and evaluates prevention plans
- collaborates with other disciplines to accomplish objectives
- demonstrates leadership skills in clinical and community settings

4. Patient Advocate. Examples:

- evaluates oral health awareness and status by identifying and mobilizing resources
- identifies strategies to improve access to care
- include information on grants written and received networking efforts with tribal leaders, school administrators, other government agencies to advocate for resources and support for the dental program and its patients

IHS Dental Program
Award for Excellence in Dental Hygiene
Senior Category

Hygienist Nominated:

Email of hygienist:

Current Position:

Current Assignment Location:

Entry on duty date:

Date Licensed as a Dental Hygienist:

Endorsements (both are required)

Nominator: I certify, to the best of my knowledge, that the attached narrative or outline accurately describes this dental hygienist's accomplishments and abilities.

(Name and Title)

(Signature and Date)

Supervisor: I believe this dental hygienist exhibits those attributes the award for excellence was designed to foster.

(Name and Title)

(Signature and Date)

All Nominations Should be emailed to or mailed to:

joe.drake@ihs.gov

Dr. Joe Drake
100 Lake Traverse Dr.
Woodrow Wilson Keeble Memorial Health Care Clinic
Dental Department
Sisseton, SD 57262

Nominations must be received no later than close of business March 31, 2017.

IHS DENTAL PROGRAM

AWARD FOR EXCELLENCE IN DENTAL HYGIENE

JUNIOR CATEGORY

Junior category dental hygienists function in two primary roles. They provide clinical dental hygiene services and develop community educational programs.

1. Clinician. Examples:

- Provides treatment for prevention, intervention, and control of oral diseases
- Include clinical productivity indicators for the past fiscal year (service minutes)
- Outcome of quality assurance reviews, if applicable
- Clinical impact, demonstrated by a positive effect on overall access and/or quality of care
- Clinical preventive program implementation and evaluation

2. Educator/Health Promoter. Examples:

- Utilizes educational theory and methods to analyze health needs
- Develops health promotion strategies
- Delivers and evaluates the results in attaining and maintaining health
- Include descriptions of education/promotional presentations
- Educational materials developed

IHS Dental Program
Award for Excellence in Dental Hygiene
Junior Category

Hygienist Nominated:

Email of hygienist:

Current Position:

Current Assignment Location:

Entry on duty date:

Date Licensed as a Dental Hygienist:

Endorsements (both are required):

Nominator: I certify, to the best of my knowledge, that the attached narrative or outline accurately describes this dental hygienist's accomplishments and abilities.

(Name and Title)

(Signature and Date)

Supervisor: I believe this dental hygienist exhibits those attributes the award for excellence was designed to foster.

(Name and Title)

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